

Lookback

Summary This policy describes the four-step lookback process to identify, track, communicate and provide ongoing advice to potentially affected patients.

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Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Private Hospitals and Day Procedure Centres

Audience All Staff of NSW Health

Lookback

POLICY STATEMENT

NSW Health Services are to implement lookback processes consistent with the requirements of this Policy Directive to ensure the timely notification and coordinated tracking of affected or potentially affected groups of patients.

SUMMARY OF POLICY REQUIREMENTS

Health Services are to initiate a lookback process when a clinical incident or concern has affected or may affect a group of patients.

Health Services are to undertake the four-step lookback process to identify, track, communicate and provide ongoing advice to these patients. The scope and scale of a lookback process can vary, so Health Services are to use an initial risk assessment to determine whether each element within a step is required.

The lookback process is to align to incident management, open disclosure, critical response and privacy processes.

Health Services are to notify appropriate internal and external bodies and regulators.

In keeping with a risk management approach, Health Services are to escalate as required to the NSW Ministry of Health and/ or the Clinical Excellence Commission.

The lookback process may involve a system wide communication strategy and/ or notifying the wider community. In such circumstances, the Clinical Excellence Commission and/ or NSW Ministry of Health will provide guidance.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2023_003 January-2023	Deputy Secretary, Patient Experience and System Performance	Revised to incorporate updates to the four steps of the lookback process and to link the scope and scale lookback process to the initial risk assessment.
PD2007_075 September-2007	Director General	Updated policy directive
PD2006_070 August-2006	Director General	New policy directive

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1. BACKGROUND

Lookback is a process that is triggered when a clinical incident or concern leads to the notification and tracking of affected or potentially affected groups of patients.

1.1. About this document

This Policy Directive outlines when NSW Health Services are to initiate a lookback process and the four steps involved. An initial risk assessment determines the scale of a lookback and whether each element within a step is required.

This Policy Directive provides recommended timeframes and describes intersections with related processes e.g., incident management, open disclosure, critical response, privacy.

NSW Health Services are to have local processes in place to implement this Policy Directive.

Resources to support implementation are available on the Clinical Excellence Commission [webpage](#).

1.2. Key definitions

Health services	A local health district or a statutory health corporation, NSW Ambulance, HealthShare NSW, NSW Health Pathology, eHealth NSW, Health Protection NSW, Cancer Institute, and affiliated health organisations.
Incident	As per NSW Health Policy Directive <i>Incident Management</i> (PD2020_047), an incident is an unplanned event that results in, or has the potential for: injury, damage or loss, including near misses.
Lookback	A process for notifying and tracking a group of commonly affected or potentially commonly affected patients following the notification of a clinical incident or concern. Lookback is in keeping with a risk management approach and intersects with related processes e.g., incident review, open disclosure, critical response. Lookback is also referred to as 'traceability'.
Reportable incident	An incident that must be reported as defined in Appendix D of the NSW Health Policy Directive <i>Incident Management</i> (PD2020_047).

1.3. Related processes

1.3.1. Incident management

When an incident triggers a lookback, the Health Service also undertakes an incident management process in compliance with the NSW Health Policy Directive *Incident Management* ([PD2020_047](#)).

1.3.2. Critical response

A parallel critical response process, in accordance with NSW Health Policy Directive *Coordination of responses to urgent system-level medicine or medical device issues* ([PD2019 019](#)), may be required if a system-level medicine or medical device issue triggers a lookback.

1.3.3. Privacy

If a data or privacy breach triggers a lookback, the Health Service response is governed by this Policy Directive, as well as the NSW Health Policy Directive *Privacy Management Plan* ([PD2015 036](#)) and the NSW Health [Privacy Manual for Health Information](#).

2. THE LOOKBACK PROCESS

There is no single pathway that triggers a lookback. Clinical incidents or concerns may include healthcare associated infections; blood or blood products; operating theatre products, devices and equipment; information technology systems; imaging; privacy breaches; and cybersecurity.

The scope and scale of a lookback process can vary. A lookback event may affect a single facility or all of NSW Health. It may have legal implications such as class action.

The following 4-step process describes all elements of a lookback. An initial risk assessment is used to determine whether each element within a step is required. Expert guidance is required throughout a lookback process.

A lookback may require:

- Significant media management and/ or
- Significant resourcing for provision of records and/ or
- Independent expert input and/ or
- Mobilisation of considerable Health Service or state-wide resources.

2.1. Step 1 – Immediate Response

A Director of Clinical Governance or the Chief Executive appointed delegate(s) lead the immediate response. A risk assessment is to be undertaken to determine the scope and scale of the lookback.

A management strategy is to be initiated that considers:

- Immediate patient needs
- An initial communication plan
- Whether a communications representative is required
- Relevant stakeholders, including chairs of committees and executive sponsors
- Whether to form a Steering Group and/ or Expert Group
- Whether to seek Clinical Excellence Commission or NSW Ministry of Health advice.

2.1.1. Reportable incident brief

A reportable incident brief is to be submitted to the Ministry of Health.

2.1.2. Media management

The Health Service Media team is to manage media involvement and is the primary point of contact for news organisations.

The Health Service Media team must:

- Nominate a spokesperson
- Determine key messages
- Develop questions and answers in advance, including a media holding statement
- Ensure a timely response to the public
- Develop a strategy for notification to external organisations as required
- Liaise with the Ministry of Health Media team as required.

2.2. Step 2 – Develop Action Plan

The scope and scale of a lookback determines the structures to be put in place to manage the process.

2.2.1. Oversight

Oversight is to be provided by a Director of Clinical Governance or the Chief Executive appointed delegate(s) supported by a formally convened Steering Group led by a Director of Clinical Governance.

2.2.2. Expert guidance

Expert guidance is to be provided by a formally convened Expert Group or relevant experts identified by the Director of Clinical Governance. The need for independent expertise must be considered for each lookback event.

The Expert Group or relevant experts are to:

- Identify the scope of patients who have been affected or potentially affected
- Develop an action plan for notifying and tracking these patients
- Ensure all stakeholders have been identified, including chairs of relevant committees and executive sponsors
- Advise the Director of Clinical Governance of the person/s best suited to speaking with the patients
- Identify any notifications that are required (and have not been undertaken at the time of the reportable incident brief) e.g., Privacy Contact Officer and Privacy Commissioner for data/ privacy breaches.

2.2.3. Legal guidance

If the lookback event involves a class action, claim or legal matters, escalate to the health legal team via usual processes.

2.3. Step 3 – Implement action plan

When implementing an action plan the Expert Group or relevant experts are to:

- Engage with stakeholders to assist with identification and retrieval of information
- Engage with Health Information Service and Information Communication Technology/ eHealth NSW to facilitate access to medical records and databases
- Regularly communicate with the Director of Clinical Governance
- Recommend to the Director of Clinical Governance that a lookback process is complete if they determine there is no current or ongoing risk to patients.

2.3.1. Patient communication and support

Health Services are to be guided by the principles of open disclosure and privacy when communicating with patients. The role and needs of carers and families also need to be considered. A process is to be in place to identify deceased patients to enable appropriate communication with family.

Health Services are to ensure the:

- Cultural the needs of Aboriginal people are recognised and supported. Refer to the NSW Health Guideline *Communicating Positively: A Guide to Appropriate Aboriginal Terminology* ([GL2019_008](#)).
- Communication needs of culturally and linguistically diverse (CALD) communities are recognised and supported.

The Health Service is to, when appropriate:

- Contact patients individually, try to inform all affected patients at around the same time and in advance of media attention. Develop and use a script to ensure consistent messaging.
- Provide face-to-face, videoconference, virtual platform, telephone and/ or written communication at initial contact.
- Contact the patients' General Practitioners as required.
- Give the patients an opportunity to ask questions at the initial contact.
- Identify the patients' immediate and ongoing needs e.g., clinical, psychological, related to media interest.
- Ensure the patients understand the process for their ongoing management.
- Provide the patients with written information regarding their ongoing management and the lookback process.
- Offer a written apology to the patients.

- Provide a point of contact and regular updates to the patients.
- Expedite consultation appointments as required arising from the lookback.
- Ensure the patients do not incur any cost for consultations within the Health Service or are offered reimbursement for additional consultations (e.g., General Practitioner, Specialist Medical Practitioner) arising from the lookback.
- Maintain records confirming that clinicians have discussed the lookback event with affected patients.

2.3.2. Staff communication and support

Develop a staff communication and support plan that considers the staff managing the lookback process, staff working in the area of concern and others that may be affected.

2.4. Step 4 – Review and evaluate the lookback

Health Services are to review the lookback to understand and act on the lessons learned and to evaluate and improve the management of the lookback process.

Directors of Clinical Governance are to:

- Communicate lessons learned within the Health Service and beyond, if required.
- Report the outcome of the lookback to their peak safety and quality committee.

2.4.1. Record keeping

The Health Service is to maintain appropriate records of patient care and keep a summary of the lookback in the organisation's record management system.

2.5. Multi-agency or cross organisational lookback process

A multi-agency or cross-organisational lookback may be required when the process affects:

- More than one Health Service
- All of NSW Health
- Agencies outside of NSW Health
- A Local Health District/ Specialty Health Network and NSW Health Pathology
- A Local Health District/ Specialty Health Network and HealthShare NSW

The Clinical Excellence Commission has a central liaison and coordinating function for multi-agency or cross organisational lookbacks. The Clinical Excellence Commission will engage the Ministry of Health as needed to support system awareness and robust response.

2.6. Timeframes

Lookback process timeframes vary depending on the nature and scope of the triggering event. The lookback process is to adhere to a risk management framework and support the timeframes set in related policies. For example, the timeframe for submission of a reportable

incident brief to the Ministry of Health is outlined in the NSW Health Policy Directive *Incident Management* ([PD2020_047](#)).

3. APPENDICES

1. Related NSW Health Policy Directives

3.1. Appendix 1: Related NSW Health Policy Directives

NSW Health Policy Directives

Number	Document
PD2011_022	<i>Your Health Rights and Responsibilities</i>
PD2014_028	<i>Open Disclosure Policy</i>
PD2015_036	<i>Privacy Management Plan</i>
PD2018_032	<i>Managing Complaints and Concerns about Clinicians</i>
PD2019_019	<i>Coordination of responses to urgent system-level medicine or medical device issues</i>
PD2020_013	<i>Complaints Management</i>
PD2020_046	<i>Electronic Information Security</i>
PD2020_047	<i>Incident Management</i>
PD2022_023	<i>Enterprise-wide Risk Management</i>
GL2019_008	<i>Communicating Positively: A Guide to Appropriate Aboriginal Terminology</i>
GL2020_008	<i>Complaint Management Guidelines</i>
Privacy Manual	<i>Privacy Manual for Health Information</i>